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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/508,195	<b>FILING DATE</b> 03/08/2000 <b>RULE</b> -	<b>CLASS</b> 544	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 3764-2
<b>APPLICANTS</b> David Hardern, Sutton Bonington, UNITED KINGDOM; Anthony Ingall, Loughborough, UNITED KINGDOM; Brian Springthorpe, Loughborough, UNITED KINGDOM; Paul Willis, West Bridgford, UNITED KINGDOM; Simon Guile, Loughborough, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/SE99/02256 12/02/1999				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 9804211-2 12/04/1998 SWEDEN 9901271-8 04/09/1999				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/22/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> -	<b>TOTAL CLAIMS</b> 21
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Nixon & Vanderhye 8th Floor 1100 North Glebe Road Arlington, VA 22201-4714				
<b>TITLE</b> Novel triazolo(4,5-d)pyrimidine compounds				
<b>FILING FEE RECEIVED</b> 988	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 508195	RECEIPT DATE:	03 / 08 / 00
IA NUMBER:	PCT/ SE99 / 02256	IA FILING DATE:	12 / 02 / 99
FAMILY NAME:	HARDERN	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	DAVID	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	12 / 04 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	3764-2	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 7038164000
			FAX
NAME:	NIXON & VANDERHYE		
STREET:	1100 NORTH GLEBE ROAD		
	8TH FLOOR		
CITY:	ARLINGTON		
STATE/COUNTRY:	VA	ZIP:	22201
EMAIL:			
APPLICATION TITLES:	.		
	NOVEL COMPOUNDS		

TAB TO LAST POSITION,PUSH SEND